

**MARYLAND INSURANCE ADMINISTRATION
PHARMACEUTICAL SERVICES WORKGROUP
MEETING 4 AGENDA**

**OCTOBER 23, 2017
1-4 PM**

I. Opening Remarks

II. Specialty Drugs Follow Up

- 1) Accreditation Standards – Is there some flexibility on what carriers will accept?
 - a. Non-URAC accreditation organizations?
 - b. Less than 2 accreditations?
- 2) Definition of Specialty Drugs
 - a. Should a higher cost than \$600 for a 30 day supply be considered?
 - i. Analysis from CareFirst of different increased dollar amounts
 - ii. How is the \$150 co-pay cap for specialty drugs impacted?
- 3) What if there was an exception in §15-847 [possibly§ 15-847(d)], for medications which are either taken orally or are self-injectable?
 - a. What financial impact would this have?
 - b. Can the co-pay cap be retained?

III. MAC Pricing

- 1) Appeals process as described in §15-1628.1(f):
 - a. Is the “drug code” information which must be provided by the pharmacy benefits manager if the appeal is upheld [§15-1628.1(f)(4)(ii)] insufficient to allow the contracting pharmacy to purchase the drug at or below the benchmark price?
 - b. If so, how should the language be fixed to require the actual purchasing source be provided as part of the denial?
- 2) NADAC discussion

IV. Wrap Up